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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission: 2

Application Number	10/685,040
Filing Date	October 14, 2003
First Named Inventor	Alan R. Wilcox
Art Unit	3671
Examiner Name	A.K. Pechhold
Attorney Docket Number	5473.3001.002

ENCLOSURES *(Check all that apply)*

- ☐ Fee Transmittal Form
  - ☐ Fee Attached
- ☐ Amendment/Reply
  - ☐ After Final
  - ☐ Affidavits/declaration(s)
- ☐ Extension of Time Request
- ☐ Express Abandonment Request
- ☐ Information Disclosure Statement
- ☐ Certified Copy of Priority Document(s)
- ☐ Reply to Missing Parts/ Incomplete Application
  - ☐ Reply to Missing Parts under 37 CFR 1.52 or 1.53
- ☐ Drawing(s)
- ☐ Licensing-related Papers
- ☐ Petition
- ☐ Petition to Convert to a Provisional Application
- ☑ Power of Attorney, Revocation Change of Correspondence Address
- ☐ Terminal Disclaimer
- ☐ Request for Refund
- ☐ CD, Number of CD(s) _____
  - ☐ Landscape Table on CD
- ☐ After Allowance Communication to TC
- ☐ Appeal Communication to Board of Appeals and Interferences
- ☐ Appeal Communication to TC **(Appeal Notice, Brief, Reply Brief)**
- ☐ Proprietary Information
- ☐ Status Letter
- ☐ Other Enclosure(s) (please Identify below):

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Reising, Ethington, Barnes, Kisselle, P.C.		
Signature			
Printed name	Eric T. Jones		
Date	20 Sep. 2006	Reg. No.	40,037

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Signature	Suzanne J. Wills		
Typed or printed name	Suzanne J. Wills	Date	9-20-06

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PTO/SB/82 (01-06)
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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/685,040
Filing Date	October 14, 2003
First Named Inventor	Alan R. Wilcox
Art Unit	3671
Examiner Name	A.K. Pechhold
Attorney Docket Number	5473.3001.002

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☑ I hereby appoint the practitioners associated with the Customer Number: 23399

☑ Please change the correspondence address for the above-identified application to:

☑ The address associated with Customer Number: 23399

OR

☐ Firm *or* Individual Name					
Address					
City		State		Zip	
Country					
Telephone		Email			

I am the:

☑ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	Allan R Wilcox		
Name	Alan R. Wilcox		
Date	9-11-06	Telephone	989-644 5803

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☑ *Total of 1 forms are submitted.

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